

Enforceable Elements of the New Jersey Child Welfare Plan

JULY 19, 2004 – FINAL

I. Introduction

In this document, the New Jersey Child Welfare Panel specifies those elements of the State's child welfare reform plan ("A New Beginning," June 8, 2004) which are to be enforceable terms of the Settlement Agreement that resolved class-action litigation against the State in June 2003.

This introduction, which is an integral part of this document, sets forth the Panel's intentions with regard to:

- which types of items are to be enforceable and why;
- how we will undertake our monitoring responsibilities; and
- the manner in which we will judge the adequacy of the State's progress in carrying out the enforceable elements of the plan.

A. Background

As required by the Settlement Agreement, the State of New Jersey has developed a plan for the comprehensive reform of its child welfare system. That plan was modified following extensive discussions between the State and the New Jersey Child Welfare Panel, along with continuing consultation between the Panel and the lawsuit plaintiffs. The Panel then formally endorsed the plan on June 8, 2004. Now we are required to designate the items that "...will constitute legally enforceable terms of this Agreement" (Section III.F). In doing so, the Panel must consider a number of factors, including the importance of each item to the overall plan; its relationship to the underlying allegations in the litigation; and the existence of any legal constraints on the State's ability to implement it. There is a presumption that the Panel will designate enforceable elements related to each of the major parts of the plan. (Sections III. F-G).

The selection of enforceable items has both legal and practical consequences. Others are far more knowledgeable about the legal implications; thus, we limit our remarks below to the practical issues at hand, particularly those related to the monitoring obligations the Panel will undertake over the next 18 months. Those obligations are described as follows in the Settlement Agreement:

- "Approximately every six months, the Panel will issue a public report including its assessment of the actions taken to date, the State's compliance with each of the provisions of the Agreement within the purview of the Panel that are enforceable at the time of the report, and the Panel's recommendations for additional or different steps it thinks necessary to achieve the goals of this Agreement." (Section VI.B)
- "At any time during the 18-month period described in this Section, if the Panel identifies any areas, enforceable under this agreement, in which it believes that the Division's progress is seriously inadequate, it shall immediately inform both plaintiffs and defendants..." (Section VI.E)

In other words, the Panel must conduct periodic, formal assessments of the State's progress in implementing the plan, and we are also expected to act promptly if we identify "seriously inadequate" progress at any time.

B. Goals

The Panel approached this work with two goals in mind.

First, it is essential that we describe the enforceable items in terms that are as clear and concrete as possible. The ability of the parties and the public to understand what is required of the State, and the Court's ability to enforce the Settlement Agreement, will be compromised if the terms are vague and lend themselves to different interpretation. To the extent possible, enforceable items ought to be framed in such a way that reasonable people presented with the facts would reach the same conclusion about whether the State has implemented them. Moreover, in a large and complex system that is to be reformed based on a plan that runs to more than 200 pages, it is inevitable that there will be a large number of enforceable terms.

Second, however, it is equally essential that in designating enforceable terms the Panel preserves some of the key strengths of the Settlement Agreement: its focus on outcomes; its flexibility; and its reliance on the judgment and discretion of an independent and informed Panel. The child welfare reform plan developed by the State of New Jersey will be carried out over a period of years. In fashioning the Settlement Agreement, the parties understood that no one can predict at any given moment which actions will be most essential, and which will come to seem unnecessary or misguided, years later. They therefore created an opportunity for the plan to evolve over time, and authorized the Panel to make judgments about the State's progress and to require modification of the plan if necessary.

Put another way, it is in no one's interest for this plan to be transformed into a checklist of requirements to be complied with, divorced from its larger purpose and context. The plan is a means, not an end; it exists in order to guide the State towards substantially improved outcomes for children and families. To the extent that the State makes such progress, its failure or delay in carrying out a specific action may well be less than critical. To the extent that the State fails to make such progress, additional actions beyond those set forth in the plan may prove to be absolutely essential.

These two goals, of course, stand in tension with one another. We attempt to make the best of that tension by approaching the designation of enforceable items, and the work of monitoring, in the manner described below.

C. The Panel's Approach to Designating Enforceable Items

The remainder of this document designates enforceable items under two headings.

1. Outcomes

First, and most important, are results for children and families. The fundamental purpose of the plan is to improve these results. The Settlement Agreement lists eleven outcomes agreed to by the parties, and grants the Panel authority to designate additional outcomes. (We have done so; the four outcomes added by the Panel are items L, M, N, and O on p. 14, below.). For each outcome, we have defined specific numerical measures, called indicators, which will be tracked over time. These indicators are listed in Section II of this document, beginning on page 11.

Baseline data (i.e. current system performance) is included for approximately half of these indicators; baseline data for the remaining items will be available in the near future. The Panel, in consultation with the parties, will establish target levels of performance at a later date.

An example of an outcome is item IV.C of the Settlement Agreement: "Increase the proportion of siblings in foster care who are placed together." The Panel has designated two indicators for this outcome:

Indicator 1: The percentage of sibling groups, *entering care* at the same time, in which all siblings were placed together.

Indicator 2: The percentage of children in sibling groups, *currently in care*, in which all siblings are placed together.

In reviewing these indicators, the Panel will examine both system-wide performance and critical breakdowns of the data to better understand how the system is working. For most indicators it will make sense to analyze the data by demographic characteristics (e.g. age and race); administrative characteristics (e.g. first entry into foster care vs. re-entry); and by Area and/or District Office. The enforceable outcome, however, will in almost all cases be the aggregate performance of the system as a whole.

In virtually all instances (for example, Indicator 1 above) the universe of cases to be reviewed consists of "entry cohorts" – that is, all of the children who entered care in a particular time period, typically a calendar year. This methodology is unanimously recommended by the experts consulted, because it provides a view of all the children who experience out-of-home care, not just those who remain in care on a given date. However, cohort information has been supplemented with a cross-sectional view in a few instances, such as Indicator 2, where this specific analysis is important.

2. Enforceable Strategies and Actions

For each section of the plan, the Panel has identified and has designated as enforceable terms of the Settlement Agreement:

- the key *strategies* the State plans to use to achieve better outcomes for children and families, which appear as numbered items in Section III of this document, beginning on page 15, and
- the *critical actions or accomplishments* that the Panel can use as evidence to determine whether these strategies are being successfully implemented, which appear as lettered items in Section III.

There are typically between six and ten strategies¹ related to each chapter of the plan. These strategies are, in effect, the critical interventions that New Jersey has chosen to make in order to improve its child welfare system, and their successful implementation is therefore of great importance. An example of a strategy, drawn from the chapter of the plan dealing with resource families, is “Provide timely and appropriate training to develop resource families’ competencies to care for children placed in their homes.”² There is an obvious link between this strategy and outcomes; foster and adoptive parents are more likely to meet the needs of children in their care if they have received high-quality training. And, in turn, children are less likely to experience placement instability if their foster parents are adequately prepared.

Strategies alone, however, do not meet our test of defining enforceable actions that are as clear and concrete as possible. Accordingly, we have also tried to identify those specific actions in the State’s plan that can serve as useful tests of whether the strategy is being implemented. In the example above, we have selected six such enforceable actions with regard to resource family training. They are:

- a. By December 31, 2004, acquire and customize a pre-service curriculum (PRIDE, MAPP, or an equivalent), subject to Panel approval, for training resource families.
- b. By June 30, 2005 and thereafter, train new, incoming resource families using this pre-service training curriculum, providing a minimum of 24 hours of training.
- c. By June 30, 2005, revise and adopt policies requiring 10 hours of in-service training to licensed resource families during the upcoming State Fiscal Year 2006. By June 30, 2006 and thereafter, revise and adopt policies requiring 15 hours of in-service training to licensed resource families annually.
- d. By June 30, 2006, provide 10 hours of in-service training to 95% of licensed resource families. By June 30, 2007 and thereafter, provide 15 hours of in-service training annually to 95% of licensed resource families. (See Benchmark 24)

¹ In many instances, strategies are clearly labeled as such in the plan; in others the Panel has designated an important approach as a strategy, even if it is not so described in the plan.

² Here, and throughout the document, we have paraphrased the language of the plan rather than quoting it directly whenever we could do so without loss of clarity or meaning.

- e. By December 31, 2005, use post-training competency testing to ensure the effectiveness of resource family pre-service and in-service training.
- f. By June 30, 2005, support resource families' ability to participate in training through the availability of pre-service and in-service training in accessible locations and schedules.

This example demonstrates three different types of enforceable action steps.

First, wherever possible, we have framed action steps in a way that permits a yes or no answer to the question of whether they have been carried out. For example, in item (b) above, either New Jersey will have its new training curriculum in place for all new resource families by June 30, 2005, or it will not.

Second, some action steps lend themselves to statistical evaluation. For example, in item (d) above, it is very likely that by the date indicated some resource families, but not all, will have received 10 or 15 hours of in-service training. For actions of this kind, we have tried to ensure that there is a benchmark in the plan defining how we will measure performance and what the target level is. In this instance, Benchmark 24 establishes the measurement ("...the percentage of existing resource families who have received 10 hours of in-service training...") and sets a target of 95%.

Finally, there remain a number of actions that will require judgments by the Panel. For example, in item (f) above, we will have to review the in-service training schedules and locations and come to a conclusion about whether they provide sufficient accessibility. In instances like this, it is either impossible or simply not useful to try to construct in advance a definition of success.

This approach produces a quite substantial list of enforceable items. We note, however, that they are still a relatively small subset of the vast number of tasks that must be carried out in order to fully implement the plan. (The State has in fact developed an "implementation plan," covering the period through June 30, 2005, which lists literally thousands of these steps.) In the example above, element (a), acquiring and customizing a new curriculum, requires such actions as designating a group to research and review existing curricula; deciding which curriculum to purchase; identifying what modifications are needed in order for the curriculum to be appropriate for New Jersey; etc. In our view, listing these steps is absolutely necessary for the State's managers, who are charged with ensuring that the plan is carried out, but not useful for monitoring or enforcement. So, for example, if New Jersey has in fact acquired and customized an approved curriculum by December 31, 2004, it will be unimportant that the process of purchasing the curriculum took a month more or less than expected. And if New Jersey has not put the new curriculum in place, its failure to do so is what matters, regardless of which specific actions or omissions have led to the delay.

D. The Panel's Approach to Monitoring

The Panel intends to approach our monitoring obligations by developing as comprehensive and thorough an understanding as possible of the progress of reform in New Jersey. The sources of data the Panel will consider include: review of written policies, practice standards, and statistical reports; interviews with individuals and focus groups; case record reviews and/or more thorough qualitative reviews of individual cases; and direct observation. We expect to be in routine contact with informed stakeholders outside of State government as well as with the leadership and staff of the Department of Human Services.

As the Panel begins to shape this work, we have been guided by three primary considerations.

First, successful reform is impossible without a clear set of *priorities* and a thoughtful sequencing of actions. We believe that the same is equally true of monitoring. While all enforceable actions will ultimately be monitored, it would practically speaking be impossible for us to monitor them all within the first six months, nor would it be particularly useful for us to do so. The Panel, in previous correspondence to the Court, identified a set of critical areas that we refer to as “building blocks” of the reform effort, which must be addressed in the short term in order to make the rest of the plan feasible. Hiring a very significant number of additional front-line staff, developing a training academy, and recruiting the leadership team needed to direct the reform effort are examples of such priority actions. The Panel will give special attention to them in the first phase of monitoring, just as the State's leadership will give special attention to carrying them out.

Second, the next six months must include substantial *capacity-building*. In New Jersey, as in many other states at a similar early stage of child welfare reform efforts, much that should be monitored cannot yet be monitored in any effective way. Adequate, reliable and timely data simply does not exist in many important areas, nor do the systems that could be counted on to produce such information. A significant part of our work during this period will involve assisting the State as it develops its capacity to measure and evaluate its work.

Third, the primary *purpose* of monitoring is to *identify and resolve problems*, not to sanction non-compliance. The parties wisely developed a framework for dispute resolution that is designed to keep them out of court except under extreme circumstances. When the Panel identifies areas in which implementation of the plan is encountering difficulties, we will discuss with the State's leaders the reasons for those difficulties and the steps that might be taken to resolve them. When we identify major problems - in the language of the Settlement Agreement, areas of seriously inadequate progress - this will be a more formal process, by which we must provide notice to the plaintiffs as well as the State, and the plaintiffs will have the authority to invoke the dispute resolution provisions of the Agreement. Even here, however, the dispute resolution process is meant to help the parties arrive, with the Panel's guidance, at a mutually acceptable action plan. Given the range and complexity of issues to be implemented, it is quite possible that the dispute resolution process will come into play at some point during the implementation of this plan; if the parties and the Panel use that process effectively, there will be no need to return to the courthouse.

Finally, and most importantly, we return to the themes of *flexibility and informed judgment* mentioned earlier in this introduction. The Panel’s monitoring conclusions must and will be, first and foremost, about the overall progress of the reform effort. These conclusions will be informed by changes in outcomes for children and families, as measured by the indicators in the next part of this document. They will also be informed by our evaluation of the State’s success in carrying out the key strategies in each section of the plan. Individual action steps, while we have defined them as enforceable elements of the Settlement Agreement, are of interest primarily as evidence of progress or its absence. Moreover, there is no perfect correspondence between the action steps and the strategies; it’s possible that the State could actually implement all the steps it has promised without achieving the hoped-for results, or that it could achieve impressive results even while missing a step that now seems important.

To follow the example above, the primary question the Panel will try to answer with regard to this set of enforceable items is whether New Jersey is doing a more effective job of training resource families to meet the needs of the children they care for. Progress on specific action items – getting a curriculum and starting to use it, etc. – will help us understand whether, and why, the effort to provide better training is working. But the Panel will always be more interested in the results than in the specific actions. If the new training is put in place, but it is poorly delivered or for other reasons does not accomplish what it is supposed to, we will have to work with the State’s leadership to develop an additional or alternative set of actions. If the training is so good that it produces excellent results even though there has been little change in the locations and schedule of training sessions, we will be less concerned about accessibility.

E. Future Enforceable Elements

In two areas, the State and the Panel have agreed that the Panel will conduct a review of certain matters, and that the Panel may develop additional enforceable actions as a result of these reviews. These are (1) the organizational structure, with particular reference to the effective functioning of the Office of Children’s Services, and (2) personnel practices related to hiring, promotion, and employee discipline.

Also, Section IX.A of the Settlement Agreement provides as follows:

“At the close of the 18-month reporting period described in Section VI, above, the Panel shall recommend an individual (or organization) to occupy a continuing role as the monitor of defendants’ compliance with the goals and principles of this Agreement (the “Monitor”). If the parties do not concur in the Panel’s proposed choice of a Monitor, the Panel, or one or more of its members, will work with the parties to identify another individual who is acceptable to both parties and the Panel.”

The Panel anticipates issuing a revised “enforceable items” document, in consultation with the parties and the Court, shortly before our collective role ends and the Monitor assumes his or her responsibilities.

F. Additional Notes

The following notes may assist the reader in reviewing this document and understanding its relationship to *A New Beginning: The Future of Child Welfare in New Jersey*.

(1) Future plans.

In several sections of “A New Beginning,” the State commits to developing a more detailed plan at a later date. These are areas of considerable importance, such as continuous quality improvement, adoption services, and the placement process, in which additional foundational work is needed in order to develop a course of action. In “A New Beginning,” each such section includes a standard footnote indicating that this more detailed plan is subject to review and approval by the Panel; that the Panel may designate elements of the plan as additional enforceable terms of the Settlement Agreement; and that the failure to produce the plan would constitute “seriously inadequate” progress. In this document, enforceable actions related to such plans appear as follows: “By [DATE], develop a plan subject to panel review and approval to carry out this strategy. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.” In several instances we also include a footnote indicating some of the key issues that must be addressed in these additional plans.

“A New Beginning” also includes future plans in a number of other areas, where Panel review and approval is not explicitly required, typically because these plans are narrower in scope and less central to the overall success of the reform effort. While the Panel will not formally review and approve these plans, we believe that the State’s commitment is to implement them. Therefore, in this document, enforceable actions related to such plans appear as follows: “By [DATE], develop a plan to carry out this strategy. Thereafter, take all reasonable steps to implement.”

(2) Policy changes.

In order to carry out its reform plan, the State has identified many instances in which particular policies need to be revised or eliminated, or new policies created. In this document, we have created two enforceable items for each such set of policy changes. The first is a date by which the revised policies will be adopted. These sections should be understood to mean that the policies will have been written; distributed to staff and to others who need to know about them; and that any training required to support implementation will at least have begun. (Similarly, enforceable elements saying that the State will “deploy a tool,” such as an assessment instrument or case record form, should be understood to mean that by the specified date it will have created and disseminated the tool and at least begun training on its use.) The second enforceable item indicates that, by a later date, practice will substantially conform to the new policy. We have not, in each such instance, identified the means by which the Panel will test whether this second step has been accomplished. We recognize that “substantially conform” is open to varying interpretation, but think it is the most useful formulation we can provide at this point.

In some instances, policy changes may require regulatory changes as well. New Jersey statute requires a period of public comment before new regulations can be promulgated. Where regulatory change is required, enforceable items in this document should be understood as

follows: the first date referenced above (policy adoption) will be the date by which the State must publish its proposed new regulations. The State is then required to make all reasonable efforts to complete the review process and promulgate the regulations within 120 days.

(3) Actions Involving Other Branches of Government.

Section III.F.4 of the Settlement Agreement provides that one of the factors to be considered by the Panel in designating enforceable items is, “the existence of any legal constraints on the Department’s ability to implement the Plan element.” Most often, such constraints occur where actions by either the legislature or the judiciary are needed in order to carry out the plan. Some such actions are of critical importance – for example, the appropriation by the legislature of sufficient funds in future years, and the assurance of adequate legal safeguards, including competent representation of all parties, in Family Court.

We have approached these issues as follows. Where essential actions are to be taken by DHS or another part of the executive branch of State government, we have designated those actions to be enforceable even if they are related to legislative or judicial proceedings. For example, elements of the plan related to providing birth parents and foster parents with timely notice of court proceedings are enforceable, because the timeliness of notice is controlled by the actions of DHS employees and attorneys who represent the Department, both of whom are part of the executive branch. By contrast, when it is clear that the executive branch cannot control the outcome, we have required as an enforceable action that it take all reasonable steps necessary to secure that outcome. An example is the timely resolution of legal proceedings regarding abuse and neglect, permanency hearings, and adoption. The judiciary has ultimate control over such proceedings; the Department must take all reasonable steps to reach this outcome.

(4) Benchmarks and Performance Standards.

Many enforceable actions are related to benchmarks set forth in “A New Beginning.” A benchmark is a statistical measure, other than the measures related to the outcomes, used to gauge progress on some aspect of the plan. For example, there are benchmarks related to caseload sizes, showing the level to which caseloads are to be reduced by a number of interim dates before the final caseload levels set out in the plan can be reached.

Benchmarks referenced in this document are enforceable terms of the Settlement Agreement; benchmarks not referenced in this document are not enforceable terms. When we refer to benchmarks, we paraphrase them and indicate the benchmark number in parentheses. These paraphrases should not be read to change the substance of the benchmark. In most instances we indicate only the final target for the benchmark. *In all such instances, it should be understood that any interim targets, both those specified in “A New Beginning” and those that will be determined at a later date, are also enforceable.*

Many benchmarks relate to practice standards; they describe actions that workers, supervisors, and managers will need to take routinely. Examples of such elements include timely initiation of abuse or neglect investigations; regular face-to-face contact between workers and the children and families they are responsible for; and ensuring that children in care get regular medical and dental examinations and treatment. For these benchmarks, the question naturally arises as to

what level of performance will constitute successful implementation. As a general rule, we have approached this issue as follows:

- For items directly related to health and safety, we have set the performance threshold at 98%.
- For most other benchmarks, we have set the performance threshold at 95%.
- We have set the performance threshold at 85% when the enforceable element represents what can reasonably be considered “best practice” among child welfare systems rather than a minimum standard of acceptable practice. The routine use of family team meetings for decision-making and service planning is one example; another is the attainment of weekly visiting between children in care and their parents.

(5) Alignment of dates.

Many dates in this document differ slightly from those in “A New Beginning,” for two reasons. First, for ease of monitoring the Panel moved all dates to the end of a calendar quarter. Second, in some instances where the Panel has become convinced that timeframes in the State’s plan may be too ambitious, we have made them enforceable as of a somewhat later date – typically one calendar quarter later.

(6) Continued performance.

Many enforceable elements describe a level of performance that is to be achieved. In all such instances, it should be understood that the performance level is not only to be reached by the date specified, but also that *it is to be maintained thereafter*.

II. Enforceable Outcomes and Indicators

Lettered items below are the outcomes specified in Section IV of the Settlement Agreement. Numbered items are indicators developed by the Panel in order to measure progress towards these outcomes.

A. Decrease the length of time in care for children with a goal of reunification.

B. Decrease the length of time in care for children with a goal of adoption.

Indicator 1: The length of stay for all children by entry cohort, measured at the 25th percentile, median, and 75th percentile.

Baseline data:

- 25% of children entering care in 2003 left within 3.4 months
- 50% of children entering care in 2003 left within 12.1 months
- 75% of children entering care in 2001 left within 29.3 months (75% of children in later cohorts have not yet left care)

Indicator 2: The probability of a permanency exit (reunification, adoption, or legal guardianship) within 12, 24, and 36 months of entry to care.

Baseline data:

- 35.6% of children entering care in 2002 had a permanency exit within 12 months
- 49.4% of children entering care in 2001 had a permanency exit within 24 months
- 56.7% of children entering care in 2000 had a permanency exit within 36 months

Indicator 3: The probability of a non-permanency exit (by entry cohort).

Indicator 4: An additional indicator, not yet defined, will measure the system's performance in achieving permanency for children who have already been in care for a long period of time.

C. Increase the proportion of siblings in foster care who are placed together.³

Indicator 5: The percentage of sibling groups, entering care at the same time, in which all siblings were placed together.

Baseline data:

- 51% of sibling groups entering care in the period 2000-2002 had all siblings placed together.

Indicator 6: The percentage of children in sibling groups, currently in care, in which all siblings are placed together.

³ These indicators will be broken down to show the differences between smaller sibling groups (3 or fewer) and larger groups (4 or more).

D. Increase the proportion of children in foster care who are appropriately placed with relatives.

Indicator 7: The percentage of children entering care whose first placement⁴ was with a relative, for the most recent entry cohort.

E. Increase the proportion of children in foster care who are placed in their home neighborhoods.⁵

Indicator 8: The percentage of children entering care whose first placement was within ten miles of their home.

Baseline data:

- 58.3% of children entering care in the period 2002-2003 had their first placements within ten miles of their home.

Indicator 9: The percentage of children entering care whose first placement was in the same county as their home (for children from rural areas) or the same city as their home (for children from urban areas).

Indicator 10: The percentage of children entering care whose first placement was within the same school district.

F. Decrease the incidence of abuse and neglect in out-of-home care.

Indicator 11: The percentage of children in out-of-home care who experience a substantiated instance of abuse or neglect during the reporting period (i.e. a calendar year).⁶

Baseline data:

- 2.0% of the average daily population of children in care were the subject of a substantiated report of abuse or neglect each year during the period 2000-2003.

G. Decrease the proportion of children in out-of-home care who are placed in congregate settings.⁷

⁴ For this indicator, “first placement” will be defined to include children who were moved to a placement with a relative within seven days after an initial placement with a stranger or in congregate care. We will use breakdowns of some of the other variables to address the question of appropriateness; for example, we will examine levels of placement stability and rates of abuse and neglect in relative homes compared to those in other foster homes. We may add data drawn from qualitative reviews at a later date.

⁵ All of this data will be broken down by level of care, so we can distinguish the experience of children being placed with foster families from that of children going to congregate settings.

⁶ This indicator counts all substantiated abuse or neglect during an out-of-home care episode, including the relatively small number of incidents perpetrated by the parent on a home visit.

⁷ Each of these indicators will be broken down by age group, so we can separately examine the experience of children 12 and under and that of children 13 or older.

Indicator 12: The percentage of children (by entry cohort) whose predominant placement⁸ was in a congregate setting.

Baseline data:

- 22.7% of children entering care in the period 1999-2003 had their predominant placement in a congregate setting.

Indicator 13: The percentage of children currently in care whose current placement is in a congregate setting.

Indicator 14: The percentage of children (by entry cohort) whose initial placement was in shelter care.

Baseline data:

- 12.8% of children entering care in the period 1999-2003 had their initial placement in a shelter.

H. Decrease the average number of placement moves experienced by children while in out-of-home care.

Indicator 15: The percentage of children (by entry cohort) who have experienced two or more placement moves.

Baseline data:

- 17.3% of children entering care in the period 2001-2002 have experienced two or more placement moves.

Indicator 16: The percentage of children currently in care who have experienced two or more placement moves.

I. Increase the proportion of children in care, and their families, who receive the services they need.

We cannot extract this information from existing data systems and will develop indicators and a methodology for obtaining the data at a later date.

J. Decrease the rate of re-entries into out-of-home care.

Indicator 17: The percentage of children (by exit cohort) who have returned to care within twelve months of exit.

Baseline data:

- 30.3% of the children who exited care in 2002 returned to care within twelve months of exit.

⁸ “Predominant placement” is the setting in which the child has spent the largest part of her placement experience.

K. Reduce the number of adoptive and pre-adoptive placements that disrupt.

We do not yet have a reliable source of data for this information and will develop indicators and a methodology for obtaining the data at a later date.

L. Reduce the proportion of children entering out-of-home care.

Indicator 18: The number of children entering care per 1,000 children in the general population.

Indicator 19: The number of children entering care per 1,000 children, in those communities from which placement rates have historically been highest.⁹

M. Reduce the recurrence of maltreatment for children who have been abused or neglected.

Indicator 20: The percentage of children with substantiated allegations of abuse or neglect in the most recent year, excluding those placed in out-of-home care following the substantiation, who have a second substantiated case within twelve months.

Indicator 21: The percentage of children with an unsubstantiated allegation of abuse or neglect in the most recent year who have a new, substantiated allegation within the following twelve months.

Indicator 22: The percentage of children who have a substantiated allegation of abuse or neglect within twelve months of exit from out-of-home care to reunification with parent(s) or relative(s).

N. Improve outcomes for African-American and Hispanic children in New Jersey's child welfare system.

The Panel will develop specific indicators, comparing outcomes for children in those groups that have historically had the poorest outcomes (in most instances, African-American children) with those of other groups. These indicators will most likely address rates of entry into out-of-home care; median length of stay in out-of-home care; the likelihood of a permanency exit from out-of-home care; and the likelihood of re-entry into out-of-home care after discharge.

O. Increase the likelihood that youth leaving care at age 18 or older have adequate preparation and support.

The Panel will develop specific indicators, which will likely include the percentage of youth in this category who have a high school diploma or equivalent; who have a job or are enrolled in a higher education program at the time of discharge; and who have stable housing and medical care at the time of discharge.

⁹ Chapin Hall is currently identifying the specific communities to be included for this indicator; they will certainly include Newark and Camden.

III. Enforceable Strategies and Actions

A. Keeping Children Safe

- 1. Create a centralized child abuse hotline, responsive to reports 24 hours per day, 7 days per week.**
 - a. By September 30, 2004, create and publicize a centralized hotline telephone number and redirect previously publicized child abuse reporting numbers to the centralized hotline.
 - b. By September 30, 2004, deploy sufficient resources (bilingual staff, interpreters, and TTY technology) to address language barriers in the reporting of suspected child abuse or neglect.
- 2. Revise and adopt policies regarding safety, risk, and involvement with child protective services.**
 - a. By September 30, 2004, revise and adopt policies to define child abuse and neglect and to refer for investigation all reports and only reports that would meet this definition if proven true.
 - b. By December 31, 2004, revise and adopt policies regarding the standards for child abuse and neglect findings, eliminating the “unsubstantiated” category and concluding an investigation only once the report is either “substantiated” or “unfounded.”
 - c. By December 31, 2004, revise and adopt policies to include comprehensive screening and investigative standards and protocols.¹⁰
 - d. By December 31, 2004, revise and adopt policies to refer families and children at risk of child welfare involvement but who, based on the report or investigation, do not meet the threshold for substantiated child abuse or neglect, to other government or community agencies for follow-up and supportive services.
 - e. By December 31, 2005, practice will substantially conform to policies.
- 3. Screen and, when merited, investigate reports of child abuse and neglect professionally, thoroughly, and, with appropriate urgency.**
 - a. By December 31, 2004, deploy an automated system to transmit and track reports and investigations, including timeliness of responses and results.
 - b. By March 31, 2005, separate the investigative function from the permanency function, assigning protective workers who do not carry ongoing service or placement cases to conduct investigations.¹¹

¹⁰ Standards and protocols will include but not be limited to: policies governing which referrals will be accepted for investigation, assignment of a response priority, prompt transmission to local offices or the Institutional Abuse Investigations Unit, as appropriate, the steps (including core/collateral contacts) that must be taken in each investigation, timeframes for investigations, and a requirement of supervisory review prior to finding a report substantiated or unfounded.

¹¹ When the protective and permanency functions are separated, subsequent allegations of child abuse or neglect made on an open case will be returned to protective staff (and whenever possible, the same staff member), who will complete the investigation.

- c. By March 31, 2005, commence investigation of 98% of reports of child abuse or neglect within 24 hours, including a face-to-face, private interview with each child in the household within that timeframe. (See Benchmark 2)
- d. By June 30, 2006, complete 95% of investigations within 60 days of the initial report. (See Benchmark 3)

4. Effectively investigate and appropriately remediate abuse or neglect in resource family or congregate care settings.

- a. By March 30, 2005, develop a plan subject to Panel review and approval to strengthen the Institutional Abuse Investigations Unit.¹² Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.
- b. By June 30, 2005, locate IAIU within Office of Children's Services.

5. Routinely and consistently assess children's safety and exposure to risks and take appropriate action to remediate.

- a. By December 31, 2004, deploy tools and routinely have protective and permanency workers use them to assess the safety and risk of children living in their own homes. (See Benchmark 4)
- b. By December 31, 2004, deploy tools and routinely have permanency workers and resource family support workers use them to assess the safety and risk of children in placement. (Benchmark to be created)
- c. By December 31, 2004, assign resource family support workers the responsibility of using the tool to assess safety and risk in resource family homes when they add the home their caseload.
- d. By June 30, 2005, develop, execute, and monitor a corrective action plan when a safety or risk factor is identified. (Benchmark to be created)

¹² The plan will include but not be limited to: approach to screening and investigating allegations, approach and follow through on corrective action planning, communication of findings (feedback loop) with related operational units/staff, clarification of roles/identification of staff responsible for each of the above, and staffing and training within IAIU.

B. Placing Children who Need Out of Home Settings

1. Develop a process for making timely, appropriate placements of children who need out-of-home care.

- a. By September 30, 2004, develop a plan subject to Panel review and approval to carry out this strategy.¹³ Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.
- b. By December 31, 2004, deploy a common tool and procedure to be used in assessing children and matching them to appropriate placement settings—including family settings, therapeutic homes, and congregate care facilities, whether managed by the child welfare or children’s behavioral health agency.
- c. By June 30, 2005, deploy a database of resource families for use in matching, with records for resource families managed by the public and the private agencies.

2. Reduce the number and type of experiences during removal from home that contribute child trauma.

- a. By June 30, 2004 and thereafter, provide childcare, transportation to school, and/or after-school programming to prevent children from remaining in child welfare offices while awaiting a placement.
- b. By December 31, 2004, ensure children are not seen in emergency rooms for their pre-placement examinations unless medically necessary. (See Benchmark 6)
- c. By December 31, 2004, revise and adopt policies designed to reduce trauma during removals.¹⁴
- d. By December 31, 2005, practice will substantially conform to policies.

3. Identify, license, and support appropriate relative caregivers as the first resource for placing children.

- a. By December 31, 2004, revise and adopt policies regarding work with relatives.¹⁵
- b. By December 31, 2005, practice will substantially conform to policies.
- c. By June 30, 2005, reduce barriers to emergency placement with relatives by streamlining and clarifying emergency clearance/presumptive eligibility procedures and providing emergency and ongoing support services.

¹³ The plan will include but not be limited to: the roles and responsibilities of resource family placement facilitators as well as the protective and permanency staff; the use of family team meetings in making placement-related decisions; and the gathering and use of assessment information and related tools in matching children with placements.

¹⁴ The policies will include but not be limited to: requiring the protective or permanency worker assigned to the child to bring him or her to the resource family’s home or congregate care setting to help with the transition; gathering children’s belongings, medical records, and school records; and reviewing the “placement kit” with the caregiver before leaving the child.

¹⁵ The policies will include but not be limited to: working with maternal and paternal relatives; talking with birth parents about relatives who could serve as placement resources, even during an emergency removal; including relatives in family team meetings related to placement decision-making; identifying relatives who might serve as placement resources, even when placement is not imminently necessary; and talking with relative caregivers early in their involvement about their ability to provide permanency, if needed, via adoption or guardianship.

C. Achieving Permanency for Children

1. Structure case management and related supports so as to provide children and family with continuity in their relationship with their worker.

- a. By September 30, 2004, provide an active caseworker, continuing case management coverage during personal/medical leaves, through case transfers, and following attrition.
- b. By March 31, 2005, separate the permanency function from the protective function, such that permanency workers who have responsibility for ongoing services and placement cases do not have responsibility for investigations.

2. Engage families, children, and resource families as partners in decision-making, identifying their own strengths, needs, and goals through the use of family team meetings.

- a. By September 30, 2004, develop a plan to carry out this strategy subject to Panel review and approval.¹⁶ Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.
- b. By March 31, 2005, deploy a tracking system to monitor the scheduling, participation, completion, and results of family team meetings.
- c. By June 30, 2005, in Phase I Area Offices,¹⁷ make 85% of placement decisions in the context of a facilitated family team meeting prior to placement or within 72 hours of a placement in cases of unavoidable, emergency removals.
- d. By December 31, 2005, in Phase II Area Offices, make 85% of placement decisions in the context of a facilitated family team meeting prior to placement or within 72 hours of a placement in cases of unavoidable, emergency removals.
- e. By June 30, 2006, statewide, make 85% of placement decisions in the context of facilitated family team meetings or within 72 hours of a placement in cases of unavoidable, emergency removals. (See Benchmark 15 and Benchmark 16)
- f. By December 31, 2006, develop case plans and make permanency decisions using family team meetings in 85% of cases. (See Benchmark 18)
- g. By December 31, 2006, introduce birth families to resource families using family team meetings in 85% of cases. (See Benchmark 17)
- h. By December 31, 2006, make 85% of decisions regarding the transfer or discharge of a child from his or her placement using family team meetings. (See Benchmark 45)
- i. By December 31, 2006, make 85% of case transfers—including the original transfer from the protective to the permanency worker—using family team meetings. (See Benchmark 14)

¹⁶ The plan will include but not be limited to: involvement of dedicated, non-case carrying facilitators for key meetings; expectations of all staff to use team meetings regularly; inclusion of extended family, community members, resource families, and provider agencies as participants; and process and tools for facilitating meetings

¹⁷ The State's Implementation plan proposes that 15 Area Offices will be developed, following the existing county/vicinage structure. These 15 Area Offices will be rolled out in three Phases. Phase I counties are: Essex, Mercer, Camden, and Passaic. Phase II counties are: Middlesex, Hudson, Gloucester/Cumberland/Salem, Monmouth, and Ocean and Phase III counties are: Atlantic/Cape May, Morris/Sussex, Somerset/Hunterdon/Warren, Bergen, Burlington, Union, and Warren.

- j. By December 31, 2006, involve resource family caregivers as participants in 85% of family team meetings for children placed with resource families. (Benchmark to be created)
 - k. By December 31, 2006, involve children and youth (whenever developmentally appropriate) as participants in 85% of family team meetings. (Benchmark to be created)
- 3. Efficiently and effectively assess child and family needs and strengths.**
- a. By December 31, 2004, define a functional assessment process and deploy related tools and policies to support functional assessments.¹⁸
 - b. By June 30, 2005, practice will substantially conform to policies.
 - c. By June 30, 2005, maintain a current/updated assessment every 90 days for 95% of children in congregate care settings. (See Benchmark 44)
 - d. By December 31, 2005, complete functional assessments of 98% of children and families within 30 days of opening a case. (See Benchmark 19)
- 4. Support individualized, tailored service planning with families.**
- a. By December 31, 2004, deploy a revised individualized service plan format to facilitate families' and children's involvement in service planning.
 - b. By June 30, 2005, incorporate findings and recommendations from the functional assessments in 95% of case plans. (See Benchmark 20)
 - c. By December 31, 2005, revise case plans at least every six months, based on information gathered via current/updated functional assessments.
 - d. By June 30, 2006, for families involved with multiple systems and service providers, operate using a single case plan.
- 5. Provide flexible funding to meet the unique needs of children, birth families, and resource families.**
- a. By December 31, 2004, revise and adopt policies regarding access to and use of flexible funds for service delivery.
 - b. By June 30, 2005, practice will substantially conform to policies.
- 6. Facilitate frequent visits in the least intrusive and safest setting possible between children in placement with a goal of reunification, their parents, and siblings from whom they are separated.**
- a. By December 31, 2004, revise and adopt policies regarding the frequency of visits, the standards for visitation supervision, and the use of visits in achieving reunification.

¹⁸ The types of topics that may be included in assessments include but are not limited to: safety and risk, placement and matching, EPSDT screening, domestic violence, substance abuse, and behavioral health needs. The policies will also address but not be limited to: frequency of assessment and standards for the administration of different types of assessments with clients presenting particular strengths and needs.

- b. By December 31, 2005, 85% of children in placement with a goal of reunification will have weekly visits with their family. (See Benchmark 10)
 - c. By December 31, 2005, 85% of children in placement who are separated from their siblings will have weekly visits with some or all of their siblings. (See Benchmark 11)
- 7. Promote achievement of safety, well-being, and timely permanency through frequent face to face contact between caseworkers, children, and families.**
 - a. By June 30, 2005, 98% of children in placement, regardless of placement type, will be visited by their permanency worker in their placement setting at least one time per month. (See Benchmark 7)
 - b. By June 30, 2006, 98% of children in placement will be visited by their permanency worker at least once every two weeks. (See Benchmark 8)
 - c. By December 31, 2005, 95% of parents of children in out of home care with a permanency goal of reunification will be visited by their permanency worker at least once every two weeks. (See Benchmark 9)
 - d. By June 30, 2005, intact families with open cases for services will be visited by their permanency worker at least once per month, with more frequent visits required at the beginning of cases and when risk or safety concerns are heightened. (Benchmark to be created)
- 8. Provide timely, specialized, high-quality adoption services to children who cannot safely reunify with their birth parents, including special strategies for adoptions of older children and those with special needs.¹⁹**
 - a. By December 31, 2004, in conjunction with the Adoption Services Advisory Committee and other adoption advocates/partners, develop a plan subject to Panel review and approval to carry out this strategy. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.
 - b. By December 31, 2004, enroll the State of New Jersey in the Interstate Compact on Adoption and Medical Assistance and allocate sufficient resources to facilitate timely of out-of-state adoptive placements.
 - c. By September 30, 2005, expand post adoption services to include respite for families who adopt adolescents and children with special needs as well as to meet any other identified gaps in services.²⁰
 - d. By December 31, 2005, develop and implement a child-specific recruitment plan 95% of children who do not have an identified adoptive resource. (Benchmark to be created)
 - e. By June 30, 2006, assign an adoption specialist to support the permanency worker for 95% of children with a case goal of adoption (from the time a decision to pursue termination of parental rights is made). (Benchmark to be created)

¹⁹ Timely adoption services will comply with standards set by the federal Adoption and Safe Families Act.

²⁰ Assessments of service gaps should include but not be limited to: childcare and behavioral health services.

D. Resource Families

1. Recruit resource parents, focused on the populations and areas of greatest need, working in partnership with local communities.

- a. By September 30, 2004, develop a fiscal year 2005 recruitment plan subject to Panel review and approval to license 1,000 new resource families by June 30, 2005.²¹ (See Benchmark 28) Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.
- b. By December 31, 2004, complete an inventory of available resource family homes, tracking the demographic characteristics and particular needs of children for which these caregivers are available to provide care.
- c. By June 30, 2005, and annually thereafter, develop a recruitment plan for the upcoming State Fiscal Year subject to Panel review and approval.²² Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

2. Prepare prospective resource families to have children placed in their home by using an efficient and customer-friendly process to train, homestudy, and license appropriate applicants.

- a. By December 31, 2004, provide families with a single point of contact, such that they work with one organizational entity from the time they express interest until the point of placement.
- b. By June 30, 2005, reduce the length of time between initial recruitment (application) and completion of licensure to 120 days or fewer for 95% of resource families. (See Benchmark 26)
- c. By June 30, 2005, increase the number/percent of prospective resource families who continue from the start of the process to completion of licensing. (See Benchmark 25)

3. Provide timely and appropriate training to develop resource families' competencies to care for children placed in their homes.

- a. By December 31, 2004, acquire and customize a pre-service curriculum (PRIDE, MAPP, or an equivalent), subject to Panel approval, for training resource families.
- b. By June 30, 2005 and thereafter, train new, incoming resource families using this pre-service training curriculum, providing a minimum of 24 hours of training.
- c. By June 30, 2005, revise and adopt policies requiring 10 hours of in-service training to licensed resource families during the upcoming State Fiscal Year 2006. By June 30, 2006 and thereafter, revise and adopt policies requiring 15 hours of in-service training to licensed resource families annually.

²¹ The plan will include but not be limited to: targets for finding families willing and able to support children reflective of the demographic characteristics (for example, families interested in providing a home to adolescents or newborns/boarder babies) and particular needs of children in placement (for example, children who need families who can Spanish or provide for their special medical needs).

²² The plan will include but not be limited to: strategies and goals to achieve a net gain in resource families statewide, in particular geographic areas, and for particular populations of children and youth in need of placement, particularly adolescents.

- d. By June 30, 2006, provide 10 hours of in-service training to 95% of licensed resource families. By June 30, 2007 and thereafter, provide 15 hours of in-service training annually to 95% of licensed resource families. (See Benchmark 24)
 - e. By December 31, 2005, use post-training competency testing to ensure the effectiveness of resource family pre-service and in-service training.
 - f. By June 30, 2005, support resource families' ability to participate in training through the availability of pre-service and in-service training in accessible locations and schedules.
- 4. Revise licensing regulations to dually license families for foster care and adoption and to insure that licensing requirements support the ability of workers to make individualized determinations on the qualifications and skills of caregivers to be effective resource parents.**
- a. By June 30, 2005, revise and adopt regulations regarding the capacity limits on number of children per resource family home, consistent with CWLA standards: no more than four foster children, no more than two foster children under two, and no more than six total children, with exceptions for keeping large sibling groups together and for maintaining placements made before regulations were enacted.
 - b. By December 31, 2005, revise and adopt uniform licensing standards for adoptive, foster, and kinship homes.
- 5. Increase reimbursement for resource families and equalize reimbursement for relatives with reimbursement for non-relative caregivers.**
- a. By June 30, 2004 and thereafter, equalize payment rates to kin and non-kin caregivers.
 - b. By the following dates, close the gap between current resource family support rates (foster care, kinship care, and adoption subsidy) and the United State Department of Agriculture's estimated cost of raising a child in a two-parent, middle-income family in the urban northeast: 10% of the current gap by December 31, 2004; a further 15% by June 30, 2005; a further 25% by June 30, 2006; a further 25% by June 30, 2007; and a final 25% by June 30, 2008.
 - c. By June 30, 2008 and annually thereafter, adjust the resource family care support rates to maintain them at the USDA estimated rates for the next State Fiscal Year.
- 6. Provide resource families with timely, effective support, including an involved resource family support worker, access to a network of peer support, respite care, child care, flexible funds, crisis response services, and other needed supports.**
- a. By September 30, 2004, expand existing contracts to allow resource families access to an existing array of services.
 - b. By December 31, 2004, develop a plan subject to Panel review and approval to enhance support to resource families.²³ Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

²³ The plan will include but not be limited to: peer-to-peer support, seed money for community-based resource family support organizations, respite care, and child care.

- c. By June 30, 2005, provide resource parents with access to 24-hour crisis support.
- d. By June 30, 2007, assign a resource family support worker to 95% of new and existing resource families. (See Benchmark 22)
- e. By September 30, 2007, each resource family will have a monthly visit from their resource family support worker. (Benchmark to be created)
- f. By December 31, 2006, decrease the attrition rate of families—the number of caregivers who close their homes to placements, excepting those who adopt, who move out of state, or who are asked to close their license. (See Benchmark 23 and Benchmark 27)

E. Adolescents and Youth Transitioning Out of the System

1. Revise and adopt policies regarding continued support and pursuit of permanency for adolescents.

- a. By December 31, 2004, maintain placements, case management, and services for youth in the child welfare system until age 21, unless a youth age 18 to 21 requests earlier termination.
- b. By June 30, 2004, amend the kinship legal guardianship statute to allow adults who have been providing consistent care to children to become legal guardians.
- c. By September 30, 2004, eliminate the permanency goal of long term foster care.
- d. By December 31, 2004, review current Long Term Foster Care cases to determine if a more appropriate permanent option can be achieved. (See Benchmark 32)
- e. By June 30, 2005, revise and adopt policies to limit the use of Independent Living as a permanency goal for youth and never use it for youth under age 16. (See Benchmark 33)
- f. By December 31, 2005, practice will substantially conform to policies.

2. Provide meaningful adult support to youth in care.

- a. By December 31, 2005, develop a high-quality mentoring system for youth, ages 13 and older.
- b. By June 30, 2005, revise and adopt policies regarding connecting youth exiting from the child welfare system without legal permanency with an adult who will assist them with the transition to independence.
- c. By December 31, 2005, practice will substantially conform to policies. (See Benchmark 40)

3. Provide educational, employment, health, housing, and aftercare resources to youth in out-of-home placements and youth exiting the child welfare system without legal permanency.

- a. By December 31, 2004, develop an office within the Division of Prevention and Community Partnerships dedicated to planning for the needs of adolescents and youth transitioning out of the system.
- b. By December 31, 2004, develop a plan to ensure youth ages 14 and older in out-of-home placements receive life skills training. Thereafter, take all reasonable steps to implement the plan. (See Benchmark 36)
- c. By December 31, 2006, provide 95% of youth in out-of-home care (age 13 and older) with an Adolescent Specialist,²⁴ to support the youth and their permanency workers.
- d. By December 31, 2005, contract with community organizations to provide an array of aftercare services to 200 youth annually, ages 18 to 21.
- e. By June 30, 2005, sign a Memorandum of Agreement with the Department of Labor and the Juvenile Justice Commission to provide career counseling, job training, apprenticeships, vocational rehabilitation, or other employment programs to youth exiting the child welfare system without legal permanency.

²⁴ For youth who have behavioral health needs, a case manager provided through the children's behavioral health system can substitute for another adolescent specialist. This enforceable item does not suggest that youth should have a permanency worker, children's behavioral health case manager, and an Adolescent Specialist.

- f. By December 31, 2005, create 40 transitional living units for approximately 55 youth who have aged out of the foster care system. Each year, thereafter, add 30 to 40 additional transitional housing beds, as needed.
- g. By December 31, 2004, enroll eligible children in the Chafee Medicaid Extension program when they turn 18, and maintain enrollment until age of 21.

4. Provide services for lesbian, gay, bi-sexual, transgender and questioning youth

- a. By June 30, 2005, develop a plan for appropriate service delivery for lesbian, gay, bi-sexual, transgender and questioning youth. Thereafter, take all reasonable steps to implement the plan.

F. Reducing Inappropriate Reliance on Institutional Settings

1. Eliminate the use of congregate care for young children.

- a. By September 30, 2004, revise and adopt policy that no children under age 6 are to be placed in congregate care settings.
- b. By December 31, 2004 and thereafter, leave no (0) “boarder babies” in hospitals awaiting placement for more than five days beyond the point of medical clearance. (See Benchmark 47)
- c. By December 31, 2004 and thereafter, place no (0) new children under age 6 in congregate settings, except cases of medical necessity.
- d. By September 30, 2005, find family placements for all children under six previously placed in congregate care settings. (See Benchmark 48)
- e. By June 30, 2005 and thereafter, place no (0) new children under age 10 in congregate settings, except in cases of medical necessity.
- f. By March 31, 2006, find family placements for all children under 10 previously placed in congregate care settings. (See Benchmark 49)
- g. By June 30, 2006 and thereafter, place no (0) children under age 12 in congregate settings, except in cases of medical necessity.
- h. By December 31, 2006, find family placements for all children under 12 previously placed in congregate settings. (See Benchmark 50)

2. Eliminate the placement of children and youth by the child welfare system into inappropriate congregate care settings.

- a. By December 31, 2004, assign children and youth who are involved with the child welfare system and have been placed in juvenile justice facilities, detention centers, shelters, and homeless youth centers because of a lack of appropriate alternative placements a case manager from the children’s behavioral health system to assist them and their permanency worker with the transition to family- and community-based settings.
- b. By June 30, 2005 and thereafter, no (0) new children will be placed in juvenile justice facilities because of the lack of appropriate placements within the child welfare system and any children previously waiting in juvenile justice facilities will have been moved to appropriate alternative placements. (Benchmark to be created)
- c. By June 30, 2005 and thereafter, no (0) new children will be placed in detention centers because of the lack of appropriate placements in the child welfare system and any children previously waiting in detention centers will have been moved to appropriate alternative placements. (See Benchmark 54)
- d. By June 30, 2005 and thereafter, no (0) children will be placed by the child welfare system in shelters and the child welfare system will find appropriate alternative placements for any children previously placed in shelters. (See Benchmark 53)
- e. By December 31, 2005 and thereafter, no (0) children will be placed by the child welfare system in homeless youth centers and the child welfare system will find appropriate alternative placements for any children previously placed in homeless youth centers.

- 3. Provide placement for children in New Jersey, moving or maintaining placements for children out-of-state only for compelling reasons.²⁵**
- a. By June 30, 2005, revise and adopt policies regarding the placement of children out of state.
 - b. By December 31, 2005, practice will substantially conform to policies.
 - c. By September 30, 2004, review children in out-of-state placement to determine if the placement is appropriate and meeting their permanency goals.
 - d. By December 31, 2004, assign a case manager from the children's behavioral health system to children and youth placed out-of-state for behavioral health services in order to assist them and their permanency worker with the transition to family- and community-based settings.
 - e. By December 31, 2005, move 50% of children in out-of-state placements to in-state placements and set and attain annual targets thereafter. (See Benchmark 52)
- 4. Close the Arthur Brisbane Child Treatment Center, transferring or discharging all youth to another setting appropriate to their needs, with adequate supportive services in place. (See Benchmark 60)**
- a. By September 30, 2004, cease admission of children ages 11 through 13.
 - b. By December 31, 2004, no child under age 14 will remain at Brisbane.
 - c. By December 31, 2004, cease admission of youth with delinquency adjudications.
 - d. By March 31, 2005, no youth with a delinquency adjudication will remain at Brisbane.
 - e. By June 30, 2005, provide in-patient treatment services and alternative less-restrictive community-based services for children and youth who need psychiatric care.
 - f. By December 31, 2005, close Brisbane.
- 5. Transfer or discharge children living in a congregate care facility whose needs can be met in a family setting or in a less intensive level of care to the least restrictive setting safely possible.**
- a. By December 31, 2004 and thereafter, identify children placed by the child welfare system into congregate care settings and assign 95% of these children a case manager from the children's behavioral health system to assist them and their permanency worker with the transition to family- and community-based settings. (See Benchmark 46)
 - b. By December 31, 2005, transfer 300 children from congregate to family-based settings and develop a plan with annual targets for transfer to family-based settings thereafter. (See Benchmark 51)
 - c. By December 31, 2005 and thereafter, transfer 95% of children assessed as being able to have their needs met in a less restrictive setting to that setting within 90 days. (Benchmark to be created)

²⁵ Compelling reasons include but are not limited care by relatives and pre-adoptive placement. While out-of-state congregate care placements should be exceptional, a small number of time-limited waivers may be granted for highly specialized treatment programs that are not available or replicable locally.

- 6. Evaluate and improve the safety conditions and quality of services within congregate care and institutional facilities**
- a. By June 30, 2005, complete timely licensing assessments and annual facilities and program reviews on 98% of congregate settings. (See Benchmark 57) Thereafter, follow up on corrective actions.
 - b. By December 31, 2005, revise and adopt policies regarding size, staffing and other standards in congregate care facilities to ensure a safe, child-friendly environment.
 - c. By June 30, 2006, regularly conform practice to policies.

G. Partnering with Communities and Expanding Necessary Services

- 1. Develop partnerships with communities statewide with special emphasis on those areas which have high numbers of children coming into care.**
 - a. By December 31, 2004, identify the purpose, structure, standards, roles, responsibilities, and performance measures for implementing Child Welfare Planning Councils.
 - b. By March 31, 2005, form a Child Welfare Planning Council for each of the 15 Area Offices, building upon existing child welfare-related planning groups and including a diverse group of service consumers, community members, providers, and public agency staff. (See Benchmark 62)
- 2. Support the development of locally governed community collaboratives in the communities which have the highest numbers of children coming into care.**
 - a. By September 30, 2004, identify the funding process²⁶ for implementing community collaboratives.
 - b. By March 31, 2005, establish and support a total of 6 community collaboratives. (See Benchmark 61)
 - c. By September 30, 2005, establish and support a total of 12 community collaboratives. (See Benchmark 61)
 - d. By March 31, 2006 and thereafter, establish and support a total of 18 community collaboratives. (See Benchmark 61)
 - e. Within six months of the establishment of each community collaborative, complete community-based asset mapping to identify service resources, gaps, and needs.
- 3. Provide services and supports to families at high-risk of involvement with the child welfare system.**
 - a. By June 30, 2005, in conjunction with New Jersey's Task Force on Child Abuse and Neglect, develop a plan to carry out this strategy. Thereafter, take all reasonable steps to implement the plan.
 - b. By January 31, 2006, expand School Based Youth Services Program to an additional 32 schools/26,000 more students. (See Benchmark 78)
 - c. By September 30, 2005, expand the Home Visitation Program by 1,000 slots, to reach 25 percent of households who are receiving public assistance and have a child under age one.
 - d. By June 30, 2004, provide funds for an additional 250 child care slots during State Fiscal Year 2005.
- 4. Provide case management services to families referred by or at high risk of involvement with the child welfare system.**
 - a. By December 31, 2005, create sufficient capacity for case management by private, not-for-profit community agencies, for families referred by or at high risk of involvement with the child welfare system.²⁷ (See Benchmark 1 and Benchmark 63)

²⁶ Funding process will include but not be limited to: use of request for proposals, establishment of an agency budget line, development of performance measures, and data collection and analysis.

²⁷ The plan identifies the need for at least 67 such positions during State Fiscal Year 2005.

- b. By December 31, 2005, identify sufficient case managers within Division of Family Development to work with at-risk families who receive TANF.²⁸ (See Benchmark 1)
- 5. Provide high-quality services, responsive to the needs of children and families involved with the child welfare system who have experienced domestic violence.**
- a. By December 31, 2004, revise and adopt policies and protocols regarding practice with families who have experienced domestic violence.
 - b. By December 31, 2005, practice will substantially conform to policies.
 - c. By June 30, 2005, replicate “Peace: A Learned Solution” in three high-risk counties during State Fiscal Year 2006. By June 30, 2006, replicate in three additional high-risk counties during State Fiscal Year 2007. Thereafter, maintain or expand to additional counties as appropriate.
- 6. Provide high-quality emergency and routine health care for children in out-of-home placement.**
- a. By March 31, 2005, develop a comprehensive medical plan for the Office of Children’s Services subject to Panel review and approval.²⁹ Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.
 - b. By June 30, 2005, provide 98% of children with pre-placement physicals. (See Benchmark 5)
 - c. By December 31, 2005, provide 98% of children in care with a full EPSDT screen and follow-up of identified treatment. (See Benchmark 71)
 - d. By December 31, 2005, provide 98% of children in care with up-to-date physical examinations³⁰ and follow-up of identified treatment. (See Benchmark 69)
 - e. By December 31, 2005, provide 98% of children in care with up-to-date dental examinations³¹ and follow-up of identified treatment. (See Benchmark 71)
 - f. By December 31, 2005, provide 98% of children in care with age-appropriate immunizations. (See Benchmark 70)
 - g. By March 31, 2006, provide an up-to-date history of pertinent medical and dental information to caregivers for 98% of children in out-of-home care as well as to the child or birth parent, upon discharge from out-of-home care.

²⁸ The Plan identifies the need for at least 40 such positions.

²⁹ The medical plan will include but not be limited to: EPSTD screenings and treatment; expected frequency of physicals, immunizations, and dental exams; access and availability of doctors and dentists; initial screening within 30 days; availability of nurses in offices; and policies governing the use of psychotropic medications and physical and mechanical restraints.

³⁰ The expected frequency of physical examinations for children of different ages and with different medical needs will be described in the medical plan.

³¹ The expected frequency of dental examinations for children of different ages will be described in the medical plan.

7. Provide high-quality mental and behavioral health services for children and families involved with, referred by, or at-risk of involvement with the child welfare system.

- a. By June 30, 2005, create 75 additional treatment homes and 40 emergency treatment homes. (See Benchmark 55)
- b. By September 30, 2005, expand Care Management Organization and Family Support Organization capacity to four additional Areas and providing capacity to serve 2,000 children per year. (See Benchmark 67, Benchmark 55, and Benchmark 56)
- c. By September 30, 2004, increase the number of Youth Case Managers to 167, providing capacity to serve 10,000 children per year.
- d. By September 30, 2005, expand Mobile Response and Stabilization Services to provide services to 6,000 children and their families per year.
- e. By March 31, 2005 and annually thereafter, complete a needs assessment regarding children's behavioral health services for the next State Fiscal Year (2006 and thereafter).
- f. By June 30, 2005 and thereafter, take all reasonable steps to fund and expand children's behavioral health services to fill needs, as assessed.
- g. By December 31, 2005, expand the capacity of community-based behavioral health services to support 3,000 children and their families per year. (See Benchmark 68)
- h. By June 30, 2006, provide behavioral health services and supports to 95% of children identified through functional assessments to need them. (Benchmark to be created)
- i. By December 31, 2004, develop protocols and capacity to provide adult mental health services via the Division of Family Development to 150 individuals whose families are involved with the child welfare system. Thereafter, expand the number of counties and individuals served by DFD to meet the mental health needs of adults whose families are involved with the child welfare system. (See Benchmark 66)

8. Provide high-quality addiction treatment services and substance abuse services for children and families involved with, referred by, or at-risk of involvement with the child welfare system.

- a. By June 30, 2005, increase substance abuse services to families who need them, as planned for this period, to include 40 short-term residential slots, 135 outpatient/partial care slots, 100 regular outpatient slots, and 150 methadone treatment slots (See Benchmark 76 and Benchmark 77)
- b. By June 30, 2005, create 40 residential treatment slots and 200 outpatient treatment slots for adolescent abusing substances.

9. Meet the educational needs of children in placement.

- a. By September 30, 2005, take all reasonable steps to ensure that 95% of children in out-of-home care are registered for and attending school within 72 hours of initial placement and placement changes. (Benchmark to be created)
- b. By December 31, 2005, 95% of students in need of evaluation for early intervention or special education will be referred to receive such evaluations. (Benchmark to be created)
- c. By December 31, 2005, 85% of children with an identified need for tutoring or other educational supports will receive them. (Benchmark to be created)

H. Striving for Safety and Permanency in the Courts

- 1. Develop a high-level coordinating body, the Interagency Council for Children and Families (ICCF), to oversee and report on court reform efforts.**
 - a. By December 31, 2004, the ICCF will establish a coordinated agenda for implementing court reform strategies and developing the capacity to track and monitor progress.
- 2. Eliminate the practice of accepting voluntary placements of children. (See Benchmark 79)**
 - a. By December 31, 2004, cease accepting voluntary placements in selected areas of New Jersey, including Essex County.
 - b. By December 31, 2005, cease accepting voluntary placements statewide.
 - c. By March 30, 2006, resolve the status of children currently in care under voluntary agreements via discharge or, where indicated, legal proceedings to establish an alternative basis for custody.
- 3. Provide parents adequate notice of initial removal hearings. (See Benchmark 81)**
 - a. By March 31, 2005, develop a plan to carry out this strategy. Thereafter, take all reasonable steps to implement the plan.
- 4. Provide resource families adequate notice of hearings involving children in their care. (See Benchmark 81)**
 - a. By September 30, 2004, develop a plan to carry out this strategy. Thereafter, take all reasonable steps to implement the plan.
- 5. Take all reasonable steps to complete abuse and neglect proceedings, permanency hearings, and termination of parental rights and adoption cases in accordance with State and Federal Adoption and Safe Families Act timelines. (See Benchmark 82, Benchmark 83, and Benchmark 84)**
 - a. By December 31, 2004, develop a plan to carry out this strategy. Thereafter, take all reasonable steps to implement the plan.
- 6. Provide high-quality legal representation to children involved in child welfare proceedings.**
 - a. By September 30, 2004, develop a plan subject to Panel review and approval regarding the caseload standards for Law Guardians and the number of new Law Guardian staff to be hired to meet this standard. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.
 - b. By September 30, 2005, meet the caseload standards for 95% of Law Guardians. (See Benchmark 85)

- 7. Provide high-quality legal representation to child welfare agency staff through effective collaboration and coordination with Deputy Attorneys General (DAG).**
 - a. By December 31, 2004, revise and adopt policies concerning working relationships and dispute resolution.
 - b. By June 30, 2005, practice will substantially conform to policies.
 - c. By September 30, 2005, 95% of DAG's will have caseloads less than or equal to: 70 protective service cases, or 20 termination of parental rights/guardianship cases, or 50 administrative law cases. (See Benchmark 85)
- 8. Provide high-quality legal representation to parents involved in child welfare proceedings.**
 - a. By September 30, 2005, increase the reimbursement rate for attorneys representing parents to \$75/hour, adjusted annually thereafter.
 - b. By June 30, 2005, develop a plan, based on the report of expert(s) selected by the Panel and subject to Panel review and approval, to address both the quality of legal representation of parents and any legal conflict of interests in organizational structure. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

I. Developing the Necessary Culture and Workforce

1. Revise and clarify the roles, responsibilities, qualifications, and experience levels expected of staff positions.

- a. By September 30, 2004, revise hiring procedures and promotional requirements for caseload-carrying staff and supervisors, including: (i) a preference for front-line staff with a BSW, MSW, or another related degree, or a specified amount of experience, and (ii) a preference for supervisors with an MSW or another related advanced degree.
- b. By December 31, 2004, expand the tuition reimbursement program by at least \$100,000 to encourage staff to pursue additional education. Thereafter, complete a needs assessment, as part of the training plan, and further expand the program to meet the assessed needs.
- c. By June 30, 2005, develop new or revised job descriptions and civil service examinations and schedules to select candidates with appropriate skills.
- d. By December 31, 2005, make public agency staff formally and routinely available on weekday evenings and weekends, as necessary to meet families' needs.
- e. By June 30, 2007 and thereafter, front-line staff hired will hold a BSW, MSW, or another related degree or at least the amount of experience delineated by policy. (See Benchmark 90)
- f. By December 31, 2009 and thereafter, supervisors hired or promoted since July 1, 2005, will hold an MSW or another related advanced degree. (See Benchmark 91)

2. Provide sufficient, trained staff to screen reports of child abuse and neglect and handle investigations.

- a. By September 30, 2004, hire or assign 68 staff to adequately respond to calls to the centralized hotline.
- b. By December 31, 2004, hire or assign sufficient protective workers to meet the following caseload standards: (i) the average number of new cases assigned per month to protective workers will be no more than 9, and (ii) the average number of open cases for protective workers will be no more than 18, and (iii) 95% of protective workers will have no more than 14 new cases per month and (iv) 95% of protective workers will have no more than 21 open cases.
- c. By March 31, 2005, 95% of protective workers will have no more than 12 new cases per month and no more than 18 open cases.
- d. By September 30, 2005, 95% of protective workers will have no more than 8 new cases per month and no more than 12 open cases.

3. Provide sufficient, trained staff to provide permanency (ongoing) services.

- a. By December 31, 2004, hire at least 95% of 260 new front-line positions planned for this period (160 in July 2004 and 100 in October 2004).

- b. By the following dates, attain interim caseload standards:

Date	Phase I Areas	Phase II Areas	Phase III Areas
March 31, 2005	95% of workers have 20 or fewer cases	Average caseload no greater than 19 AND 80% of workers have 30 or fewer cases	Average caseload no greater than 22 AND 80% of workers have 30 or fewer cases
June 30, 2005	Final standard met and maintained thereafter	95% of workers have 17 or fewer cases	Average caseload no greater than 15 AND 80% of workers have 20 or fewer cases
September 30, 2005		Final standard met and maintained thereafter	95% of workers have 20 or fewer cases
December 31, 2005			95% of workers have 17 or fewer cases
March 31, 2006			Final standard met and maintained thereafter

- c. By March 31, 2006, attain and maintain final caseload standards that 95% of workers statewide have no more than 15 cases and these cases will include no more than 10 children in out-of-home care.³²

4. Provide sufficient, trained staff to recruit, retain, license, and support resource families.

- By March 31, 2005, hire a resource family recruiter, resource family trainer, and a placement facilitator, to staff each District Office within the Phase I Area Offices. By September 30, 2005, hire the same positions to staff each District Office within the Phase II Area Offices. By March 31, 2006, hire the same positions to staff each District Office within the Phase III Area Offices.
- By June 30, 2005, hire, assign, or contract for the services of 130 resource family support workers.
- By June 30, 2006, attain and maintain final caseload standards that 95% of resource family support workers statewide have no more than 35 families, including no more than five new families to home study per month.

5. Provide sufficient, trained staff to facilitate family team meetings.

- By December 31, 2004, assign 50 staff to participate in intensive training, becoming leaders of the State's transition to family team meetings.
- By March 31, 2005, assign sufficient trained personnel to facilitate family team meetings for 85% of placement decisions made in Phase I Area Offices.

³² The Panel will monitor the total number of children per worker to ensure that caseloads for workers with 10 children in foster care are manageable.

- 6. Provide sufficient, trained specialists to support the needs of adolescents.**
 - a. By December 31, 2005, hire, assign, or contract for the services of 136 adolescent specialists.
 - b. By June 30, 2006, attain and maintain final caseload standards that 95% of Adolescent Specialists statewide have a caseload of 30 or fewer youth.
- 7. Provide sufficient, trained specialists to support children with a goal of adoption.**
 - a. By March 31, 2005, assign adoption specialists to every District Office.
 - b. By June 30, 2006, attain and maintain final caseload standards that 95% of Adoption Specialists statewide have caseloads of 30 or fewer children.
- 8. Provide sufficient, trained supervisors³³ to support front-line staff.**
 - a. By June 30, 2005, hire at least 95% of 48 new supervisory positions planned for this period.³⁴
 - b. By December 31, 2005, establish and maintain a supervisory span of control such that 95% of supervisors oversee no more than five front-line staff and one case aide. (See Benchmark 96)
 - c. By December 31, 2004, revise and adopt policies requiring supervisors to go out into the field with each of their staff members at least once per month.
 - d. By June 30, 2005, practice will substantially conform with policies.
- 9. Develop an array of positions through out the Office of Children's Service and Department of Human Services, to provide other necessary supports to the caseload carrying staff.**
 - a. By June 30, 2005, hire sufficient IAIU field investigators such that 95% of investigators have no more than 8 new cases per month and 12 open cases at a time.
 - b. By September 30, 2004, hire 12 additional staff for Office of Licensing children's residential inspection unit.
 - c. By June 30, 2005, hire 95% of 162 new case aides positions planned for this period.
 - d. By June 30, 2006, 95% of case work units will have a full-time case aide assigned.
 - e. By December 31, 2005, hire, assign, or contract for the services of a sufficient number of staff positions across the three divisions of the Office of Children's Services, to carry out the goals of the reform, as described in "A New Beginning."³⁵
- 10. Effectively monitor and remediate situations in which a worker's caseload exceeds the standards.**
 - a. By September 30, 2004, deploy an automated system to monitor caseload sizes of individual workers and under individual supervisors' span of control.

³³ Supervisors can not carry a caseload of their own.

³⁴ Hiring supervisors will include recruitment and selection from outside of the current agency staff, as needed, to find experienced, qualified staff.

³⁵ The positions necessary to carry out the reform will include but are not limited to: Continuous Quality Improvement Specialists, Data Analysis Specialists, Information Technology Staff, Community Resource Developers, Case Practice Specialists, Training Specialists, Substance Abuse Workers, Clerical staff, Litigation Specialists, and Domestic Violence Workers.

- b. By March 30, 2005, deploy case assignment guidelines to help supervisors manage workload distribution.
- c. By June 30, 2005, deploy a system to promptly remediate any situation in which caseload standards are exceeded.

11. Provide uninterrupted service to families, despite attrition, temporary leaves, training or education-related absence, or fluctuations in the system-wide caseload.

- a. By December 31, 2006, maintain a sufficient pool of trained staff to fill vacancies when they occur.³⁶

12. Establish a New Jersey Child Welfare Training Academy with the capacity to coordinate and provide high-quality pre-service and in-service training for the Office of Children's Services workforce, community partners, and resource families.

- a. By December 31, 2004, develop a plan subject to Panel review and approval for the Training Academy.³⁷ Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

13. Develop, adapt, and/or purchase curricula that are both reflective of the new practice model and the larger reform effort.

- a. By December 31, 2004, develop a set of specialized modules to supplement training of existing staff including: Structured Decision Making, family team meetings, and investigations.
- b. By March 31, 2005, deliver specialized training modules to existing staff.
- c. By March 31, 2005, develop new pre-service training curriculum, providing a minimum of six weeks of training, to promote the development of knowledge, skills, and abilities around critical case work responsibilities.³⁸
- d. By June 30, 2005, and thereafter, deliver the new pre-service training to incoming staff.
- e. By December 31, 2005, develop and deliver curricula for staff with specialized roles.³⁹

³⁶ The size of this pool will initially be equal to 10% of the existing caseload-carrying staff.

³⁷ The plan will include but not be limited to: description of the the pre-service and in-service training curricula to be used, plans for post-training competency testing, staffing to support the training academy, and plans for the joint-training of staff inside the Office of Children's Services with other key partners such as the Deputy Attorneys General, community partners, and provider agency staff.

³⁸ Critical casework competencies/responsibilities include but are not limited to: safety and risk assessment and planning; casework principles from investigation through permanency, including adoption; concurrent planning; assessment and case planning skills; locating and using community supports; use of flexible funding; working with clients who have experienced sexual abuse, physical abuse, or domestic violence; working with clients who have mental or behavioral health needs or abuse substances; data collection, analysis, and use in decision making; working with resource families; and youth development and working with adolescents.

³⁹ The staff who will need specialized training include but are not limited to: Hotline Workers, Protective Workers, Permanency Workers, Children's Behavioral Health Workers, Caseworks outside of the Office of Children's Services, Adolescent Specialists, Adoption Specialists, Placement Unit Staff, Supervisors, Management Staff, Community Developers, Continuous Quality Improvement Specialists, Data Analysts, Training Specialists,

14. Ensure that staff and supervisors taking on regular responsibilities have successfully completed training prior to assuming responsibilities or have successfully completed re-training, if they assumed positions prior to 2005.

- a. By June 30, 2005, develop and implement a program of competency testing at the end of pre-service training.
- b. By December 31, 2005, link performance on post-training competency testing to continued employment with the agency.
- c. By March 31, 2005, 95% of new front-line staff receive the requisite pre-service training before carrying a caseload. (Benchmark 97)
- d. By March 31, 2005, 95% of new supervisors receive the requisite pre-service training before supervising front-line staff. (Benchmark 98)

15. Prepare OCS staff to competently meet the needs of a diverse client population.

- a. By June 30, 2005 develop a plan, based on an assessment prepared by an independent consultant, to improve cultural competence of service delivery by OCS staff and community partners. Thereafter, take all reasonable steps to implement the plan.

J. Infrastructure and Resources

Organizational Structure

- 1. Structure the Office of Children's Service to provide an integrated, supported continuum of services for children and families.**
 - a. By September 30, 2004, establish OCS as an agency within the Department of Human Services, with its own infrastructure and supports.⁴⁰
 - b. By September 30, 2004, hire a qualified (Special) Deputy Commissioner for the Office of Children's Services, responsible for child welfare services, children's behavioral health services, and prevention and community partnerships.
 - c. By December 31, 2004, appoint qualified, accountable senior leaders responsible for critical functions within the Office of Children's Services.⁴¹
 - d. By December 31, 2004, sign Memorandum of Understanding to coordinate the Juvenile Justice Commission's work with the Office of Children's Services.
- 2. Establish Area Offices based on a county structure (or combination of small counties, as appropriate), divided into District Offices, responsible for child welfare, children's behavioral health, and community partnerships and prevention.**
 - a. By the following dates, develop Area and District Offices:

Activity:	Phase I Areas:	Phase II Areas:	Phase III Areas:
Identify appropriate locations ⁴² for Area and District Offices.	September 30, 2004	March 31, 2005	September 30, 2006
Hire qualified leadership for Area and District Office positions. ⁴³	December 31, 2004	June 30, 2005	December 31, 2006
Open operational Area and District Offices. ⁴⁴	March 31, 2005	September 30, 2005	March 31, 2006
Within District Offices, assign new cases geographically.	June 30, 2005	December 31, 2005	June 30, 2006

⁴⁰ The infrastructure and supports will include but are not limited to: information technology, training, human resources, data analysis, continuous quality improvement, policy and legislative affairs, communications, budgeting, planning, facilities, and contracting.

⁴¹ The new, critical Senior Leadership positions include but are not limited to: Assistant Commissioner of the Division of Prevention and Community Partnerships, Assistant Commissioner of Training, Medical Director, and Director of Resource Family Recruitment, Retention, and Support.

⁴² Factors used to determine appropriate locations will include, but are not limited to: neighborhood boundaries, public transportation, and community input.

⁴³ Leadership positions in each Area Office will include but not be limited to: Area Director of Child Welfare, Team Leader for Children's Behavioral Health, Team Leader for Prevention and Community Partnerships, and District Office Managers in each District Office. Each Area Office will include a minimum of three at-will positions and the each District Office will include a minimum of two at-will positions.

⁴⁴ "Operational" offices will be defined to mean all protective, placement, and permanency functions.

- b. By December 31, 2004, cease transferring cases to Adoption Resource Centers when a child's goal becomes adoption; instead, retain case management with the existing permanency worker.
- c. By December 31, 2005, terminate operation of Adoption Resource Centers.
- d. By December 31, 2005, terminate operation of regional offices.

Information Technology

3. Create an MIS and IT support system to integrate and maintain the technical and data needs of the Office of Children's Services.

- a. By December 31, 2004, develop an MIS and IT plan subject to Panel review and approval. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.
- b. By December 31, 2004, introduce Release 1 of the SACWIS system, with capacity and functionality as referenced "A New Beginning."
- c. By September 30, 2005, introduce Release 2 of the SACWIS system, with capacity and functionality as referenced in "A New Beginning."
- d. By June 30, 2006, introduce Release 3 of the SACWIS system, with capacity and functionality as referenced in "A New Beginning."

Budget

4. Make all reasonable efforts to ensure the continued availability of sufficient resources.

- a. By June 30, 2004, secure \$125 million in additional state funds for State Fiscal Year 2005.
- b. By June 30, 2005, make all reasonable efforts to secure \$180 million in additional state fund for State Fiscal Year 2006.
- c. By March 31, 2005 and annually thereafter, develop an Executive Budget that seeks adequate funds. For State Fiscal Year 2006, develop the Executive Budget based on the needs identified in A New Beginning. Thereafter (for State Fiscal Year 2007 and each subsequent State Fiscal Year) base Executive Budgets on annual needs assessments.
- d. By December 31, 2005 and annually thereafter, conduct a statewide needs assessment of all areas within the scope of the reform effort, for the purpose of developing and maintaining adequate annual budgets.⁴⁵
- e. By June 30, 2005 and annually thereafter, make all reasonable efforts to secure full funding of budget requests.

5. Maximize federal financial participation for reimbursable services.

- a. By December 31, 2004, develop a plan to regarding federal reimbursement strategies.⁴⁶ Thereafter, take all reasonable steps to implement the plan.

⁴⁵ The annual statewide needs assessment should include, but is not limited to: staffing, training, preventive services, supportive services for birth and resource families, recruitment of resource families, therapeutic placements, and treatment services for children and youth in care.

⁴⁶ The plan will include but not be limited to strategies to increase federal funding from Medicaid, IV-B and IV-E

6. Implement county-based budgeting for children's services.

- a. By June 30, 2006, and annually thereafter, document spending by Area Offices as well as by function, for use in subsequent county-based budget planning.

7. Strengthen the ability of non-profit organizations in New Jersey to provide high-quality services to children and families referred by or at-risk of child welfare involvement.

- a. By March 31, 2005, develop a plan subject to Panel review and approval, based on the findings and recommendations of a task force that includes private provider representation, to resolve the problem of low salaries and benefit levels for many private providers with whom the state contracts for services. Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.

K. Continuous Quality Improvement

1. Develop the Office of Children's Services' capacity to engage in Continuous Quality Improvement.

- a. By December 31, 2004, develop a plan subject to Panel review and approval to carry out this strategy.⁴⁷ Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.
- b. By December 31, 2004, produce baseline measures for the benchmarks to be monitored in "A New Beginning."

2. Publicly report on performance and progress toward outcomes.

- a. By March 31, 2005 and thereafter, publish quarterly and annual data reports at the state level and for each Area and District Office, reporting on outcome indicators and benchmarks.

3. Hold private providers accountable for improving outcomes for the children and families they serve.

- a. By June 30, 2005, revise and adopt policies and revise contracts to make private agency staff and services available on weekday evenings and weekends, set appropriate staffing levels and educational requirements, and include flexibility to allow nontraditional providers and informal community supports to be funded.
- b. By December 31, 2004, develop a plan subject to Panel review and approval to develop performance-based contracting.⁴⁸ Thereafter, implement the plan, completing enforceable strategies, action steps, and benchmarks within the timeframes designated by the Panel.
- c. By September 30, 2006 and thereafter, incorporate performance-based outcomes and a no-eject/no reject policy into provider contracts.

⁴⁷ The CQI plan will include, but not be limited to: the structure, function, and staffing of Central and Area Office CQI units including the three Divisions within OCS; role of all staff in CQI; the hiring and training of new and existing CQI staff; the collection and use of qualitative data, including Safe Measure tools and automated data systems; the process, tools, and timelines for engaging in Quality Service Reviews; the process, tools, and timelines for engaging in Case Record Reviews; the role of external stakeholders in CQI; the collection and use of consumer feedback; and the process for measuring and improving the effectiveness of services, particularly related to adoption, adolescents, and congregate care.

⁴⁸ The performance based contracting will include but not be limited to: a system to evaluate provider performance and a method for linking results to contract renewal/capacity.